

<i>SERFF Tracking Number:</i>	<i>CCGN-127727252</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>50044</i>
<i>Company Tracking Number:</i>	<i>11-4010</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Eligibility for Insurance and EDB with Waiver/11-4010</i>		

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Term Life Insurance

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: CCGN-127727252 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 11-4010

Author: Jill Drummond-Lewis

Date Submitted: 10/18/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/25/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Eligibility for Insurance and EDB with Waiver

Project Number: 11-4010

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 10/25/2011

State Status Changed: 10/25/2011

Created By: Jill Drummond-Lewis

Corresponding Filing Tracking Number:

Filing Description:

Attached please find the above captioned forms for your review and approval. These forms have not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Filing not required
in domicile state of PA

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Jill Drummond-Lewis

These forms are new and not intended to replace any forms currently on file. They are intended for use with Group Policy form TL-004700, et al which was previously approved by your Department.

A Description of Variability is enclosed. The forms themselves, as well as the Description of Variability, note when

SERFF Tracking Number: CCGN-127727252 State: Arkansas
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certain provisions within these forms may be included, deleted or modified, as applicable to a particular policy. Variable material indicated by hard brackets ([]) indicate text that may be included or excluded. Material indicated by soft brackets ({ }) may be modified as requested by the Policyholder or participating Subscriber. Variable material will never be more restrictive than permitted by law.

The referenced forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

Company and Contact

Filing Contact Information

Jill Drummond-Lewis, Filing Consultant Jill.Drummond-Lewis@cigna.com
1601 Chestnut Street 215-761-4107 [Phone]
Two Liberty Place
Philadelphia, PA 19192

Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
1601 Chestnut Street Group Code: 901 Company Type:
TL16D Group Name: State ID Number:
Philadelphia, PA 19192 FEIN Number: 23-1503749
(215) 761-8442 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	10/18/2011	52924458
Life Insurance Company of North America	\$50.00	10/21/2011	53058942

SERFF Tracking Number:	CCGN-127727252	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/25/2011	10/25/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/20/2011	10/20/2011	Jill Drummond-Lewis	10/21/2011	10/21/2011

<i>SERFF Tracking Number:</i>	<i>CCGN-127727252</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Eligibility for Insurance and EDB with Waiver/11-4010</i>		

Disposition

Disposition Date: 10/25/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CCGN-127727252</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Eligibility for Insurance and EDB with Waiver/11-4010</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	LINA Actuarial Certification		No
Supporting Document	Description of Variability		Yes
Form	Eligibility for Insurance		Yes
Form	Extended Death Benefit with Waiver of Premium		Yes

SERFF Tracking Number: CCGN-127727252 *State:* Arkansas
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TOI: L04G Group Life - Term *Sub-TOI:* L04G.500 Other
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/20/2011
Submitted Date 10/20/2011
Respond By Date 11/21/2011

Dear Jill Drummond-Lewis,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Product Name: Group Term Life Insurance
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/21/2011
Submitted Date 10/21/2011

Dear Linda Bird,

Comments:

We have added the additional \$50.00 as required.

Response 1

Comments: The additional \$50.00 fee has been forwarded to your state.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,

Jill Drummond-Lewis

SERFF Tracking Number: CCGN-127727252 State: Arkansas

Filing Company: Life Insurance Company of North America State Tracking Number: 50044

Company Tracking Number: 11-4010

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: Group Term Life Insurance

Project Name/Number: Eligibility for Insurance and EDB with Waiver/11-4010

Form Schedule

Lead Form Number: TL-004710-1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TL-004710-1	Policy/Cont Eligibility for ract/Fratern Insurance al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.600	TL-004710-1 Eligibility For Insurance.pdf
	TL-009745-1	Policy/Cont Extended Death ract/Fratern Benefit with Waiver al of Premium Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46.200	TL-009745-1 EDB with WOP.pdf

ELIGIBILITY FOR INSURANCE

Classes of Eligible Persons

A person may be insured only once under the Basic Life portion of this Policy even though he or she may be eligible under more than one class. A person may also be insured only once under the Voluntary Life portion of the Policy as an {Employee, Spouse, or Dependent Child}, even though he or she may be eligible under more than one class.

[If this Policy provides Basic Life Insurance for both {Employees} and Spouses, an {Employee} who is the Spouse of another {Employee} will not, while eligible as an {Employee}, be insured for Basic Life Insurance as a Spouse.]

[An {Employee} who is the Spouse of another {Employee} may not be insured for Voluntary Life Insurance as both an {Employee} and as a Spouse at the same time.]

[Any {Employee} who is eligible for Basic Life Insurance or Voluntary Life Insurance, will not be eligible to be insured as a Dependent Child of another {Employee}.]

[If an {Employee} is eligible and has enrolled as the Spouse of another {Employee}, but ceases to be eligible to maintain the amount of insurance for which he or she has enrolled as a Spouse, that {Employee} may, within {31} days, enroll for coverage as an {Employee}, in an amount equal to the lesser of (1) the amount of Spouse Voluntary Life Insurance terminating, or (2) the maximum amount of {Employee} Voluntary Life Insurance for which the {Employee} is eligible. The Insurability Requirement does not apply. If this amount is not equal to a Voluntary Life Insurance coverage option, it will be adjusted to the next higher available Voluntary Life Insurance coverage option. This provision shall be in lieu of the Policy's provisions, if any, regarding coverage changes following Life Status Changes.]

[If a Spouse is eligible and has enrolled for Voluntary Life Insurance as an {Employee}, but ceases to be eligible to maintain the amount of insurance for which he or she has enrolled as an {Employee}, the Spouse may, within {31} days, instead become enrolled as a Spouse of another {Employee}, in an amount equal to the lesser of (1) the amount of {Employee} Voluntary Life Insurance terminating, or (2) the Maximum Benefit Amount of Spouse Voluntary Life Insurance for which the Spouse is eligible. The Insurability Requirement does not apply. If this amount is not equal to a Voluntary Life Insurance coverage option, it will be adjusted to the next higher available Voluntary Life Insurance coverage option.]

[[A Dependent Child of two or more {Employees} may only be insured once under the Policy.] If an {Employee} who has elected to insure Dependent Children ceases to be eligible to do so, then the {Employee's} Spouse may, within {31} days, elect to insure Dependent Children, provided he or she is insured as an {Employee}. In all cases, "Dependent Child" shall be defined with respect to the {Employee} who has enrolled dependent children.]]

[In all cases, amounts of insurance referred to in these provisions shall be determined before the application of any reductions in benefits due to age.]

[Any amount of Basic or Voluntary Life Insurance Coverage which cannot be continued under the above provisions may be subject to the Conversion Privilege.]

TL-004710-1

[{EMPLOYEE}]

{An Employee} in one of the Classes of Eligible {Employees} shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date or the day after he or she completes the Eligibility Waiting Period, if later. The Eligibility Waiting Period will not apply to an {Employee}, in Active Service on the Policy Effective Date, who was covered under the Prior Plan and satisfied the Eligibility Waiting Period, if any, of that plan. Credit will be given for any time that was satisfied.

If a person has previously converted his or her insurance under the Policy, he or she will not become eligible until the converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in the {Employee's} Life Insurance Benefits based on age or a change in class unless those conditions no longer effect the amount of coverage available to the {Employee}.

Except as noted in the Reinstatement Provision, if an {Employee} terminates coverage and later wishes to reapply, [or if a former {Employee} is rehired] a new Eligibility Waiting Period must be satisfied. [{An Employee} is not required to satisfy a new Eligibility Waiting Period, if insurance ends because he or she is no longer in a Class of Eligible {Employees}, but continues to be employed by the {Employer}, and within one year becomes a member of an eligible class.]]

[SPOUSE]

If {an Insured} is eligible to elect Spouse coverage, the Spouse is eligible to be insured on the date the {Employee} is eligible or the date he or she becomes a Spouse of an {Employee}, if later. The eligible {Employee} must be insured for Voluntary Life Insurance in order to elect Spouse coverage.

For the purposes of eligibility, the Spouse must be the lawful Spouse of the {Employee} and not legally separated or divorced from, or widowed by the {Employee}. A Spouse must be under age {70} to be eligible.]

[DEPENDENT CHILD]

If {an Insured} is eligible to elect Dependent Child coverage, the Dependent Child is eligible to be insured on the date the {Insured} is eligible or on the date the child qualifies as a Dependent Child, if later.

In no event will a Dependent Child be eligible to become insured more than once under the Policy.]

[Extended Death Benefit with Waiver of Premium

Extended Death Benefit

If an {Employee} becomes Disabled and is less than age {60}, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

1. the date the {Employee} is no longer Disabled; or
2. {12 months} after the end of Active Service.

Amount of Insurance

If an {Employee} dies while he or she is Disabled and coverage is extended under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the {Employee} became Disabled. [However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of {age, retirement, a change in class, or payment of an Accelerated Benefit}.] [Automatic increases in Life Insurance Benefits will end while premiums are waived.] The Insurance Company will pay benefits only if due proof of the {Employee's} continuous Disability is received within {one year} of the date of the loss.

“Disability”/“Disabled” means because of Injury or Sickness the {Employee} is unable to perform the material duties of his or her Regular Occupation; [or is receiving disability benefits {under the Employer's plan}].

“Regular Occupation” means the occupation the {Employee} routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the {national} economy.]

[Waiver of Premium

If the {Employee} submits satisfactory proof that he or she has been [continuously] Disabled for the Waiver Waiting Period shown in the Schedule of Benefits, coverage will be extended up to the Maximum Benefit Period shown in the Schedule of Benefits.

Such proof must be submitted to the Insurance Company no later than {3 months} after the date the Waiver Waiting Period ends. Premiums will be waived from the date the Insurance Company agrees in writing to waive premiums for that {Employee}.

After premiums have been waived for {12 months}, they will be waived for future periods of {12 months}, if the {Employee} remains Disabled and submits satisfactory proof that Disability continues. Satisfactory proof must be submitted to the Insurance Company {3 months} before the end of the {12-month} period.

Amount of Insurance

If an {Employee} dies while he or she is Disabled and coverage is continued under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the {Employee} became Disabled. [However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of {age, retirement, a change in class, or payment of an Accelerated Benefit}.][Automatic increases in Life Insurance Benefits will end while premiums are waived.] The Insurance Company will pay benefits only if due proof of the {Employee's} continuous Disability is received within {one year} of the date of the loss.

Termination of Waiver

Insurance will end for any {Employee} whose premiums are waived on the earliest of the following dates.

1. The date he or she is no longer Disabled;
2. The date he or she refuses to submit to any physical examination required by the Insurance Company;
- [3. The date he or she refuses to participate in a Rehabilitation plan for which the Insurance Company determines him or her to be eligible;]
4. The last day of the {12-month} period of Disability during which he or she fails to submit satisfactory proof of continued Disability;
5. The date following the end of the Maximum Benefit Period shown in the Schedule of Benefits.

“Disability/Disabled” means because of Injury or Sickness an {Employee} is unable to perform the material duties of his or her Regular Occupation, [or is receiving disability benefits {under the Employer's plan}], during the initial {12 months} of Disability. Thereafter, the {Employee} must be unable to perform the material duties of any occupation which he or she may reasonably become qualified based on education, training or experience, [or is subject to the terms of a Rehabilitation Plan approved by the Insurance Company]

“Regular Occupation” means the occupation the {Employee} routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the {national} economy.].

[Rehabilitation During a Period of Disability]

If the Insurance Company determines that a [Disabled] {Employee} [, who is receiving a disability benefit {paid by the Insurance Company}], is a suitable candidate for rehabilitation, the Insurance Company may require the {Employee} to participate in an assessment and Rehabilitation Plan, not to exceed {18 months}, at our expense. The Insurance Company has the sole discretion to approve the {Employee's} participation in a Rehabilitation Plan [and to approve a program as a Rehabilitation Plan]. If an {Employee} fails to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, insurance under the Policy will end.

“Good Cause” means a medical reason preventing participation, in whole or in part, in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to the Insurance Company.]

“Rehabilitation Plan” means a written plan designed to enable the {Employee} to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. Rehabilitation, under which the {Insurance Company's} disability plan may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. Work, which may include modified work and work on a Part-time basis.

“Part-time” means regularly working less than the number of full time hours set by the Employer as a regular work day for {Employees} in an Eligible Class of {Employees} in the Policy.]

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Company Tracking Number: 11-4010
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life Insurance
Project Name/Number: Eligibility for Insurance and EDB with Waiver/11-4010

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: LINA Flesch Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not Applicable Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: LINA Actuarial Certification Comments: Attachment: LINA Actuarial Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Description of Variability Comments: Attachments:		

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LINA DOV.pdf

TL-004710-1 Eligibility For Insurance DOV.pdf

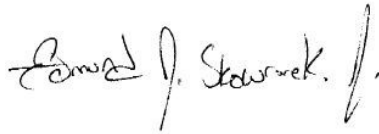
TL-009745-1 EDB with WOP_DOV.pdf

Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. These forms were scored separately and in their entirety.

Form Number	Description of Form	Score
TL-004710-1	Eligibility For Insurance	45.6
TL-009745-1	Extended Death Benefit with Waiver of Premium	46.2



Signature: _____

Name: Edmund J. Skowronek

Title: Assistant Secretary

Date: 10/4/2011

Jill Drummond-Lewis
Compliance Specialist
Regulatory & State Government Affairs



CIGNA Group Insurance
Life • Accident • Disability

October 17, 2011

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-4107
Facsimile 215-761-5609
Jill.drummond-lewis@cigna.com

Jim L. Ridling
Commissioner
Alabama Department of Insurance
P.O. Box 303351
Montgomery, Alabama 36130-3351

Re: Life Insurance Company of North America

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company ID#: 11-4010

Group Term Life Insurance

Eligibility For Insurance – Form TL-004710-1
Extended Death Benefit with Waiver of Premium - Form TL-009745-1

Dear Commissioner Ridling:

Attached please find the above captioned forms for your review and approval. These forms have not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

These forms are new and not intended to replace any forms currently on file. They are intended for use with Group Policy form TL-004700, et al which was previously approved by your Department.

A Description of Variability is enclosed. The forms themselves, as well as the Description of Variability, note when certain provisions within these forms may be included, deleted or modified, as applicable to a particular policy. Variable material indicated by hard brackets ([]) indicate text that may be included or excluded. Material indicated by soft brackets ({ }) may be modified as requested by the Policyholder or participating Subscriber. Variable material will never be more restrictive than permitted by law.

The referenced forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

We appreciate you taking the time to review these forms and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at jill.drummond-lewis@cigna.com or call me collect at 215.761.4107

Very truly yours,

A handwritten signature in black ink, appearing to read "Jill Drummond-Lewis". The signature is fluid and cursive, with the first name "Jill" being more prominent and stylized.

Jill Drummond-Lewis

LIFE INSURANCE COMPANY OF NORTH AMERICA (LINA)
DESCRIPTION OF VARIABILITY

FORMS TL-004710-1 & TL-009745-1

The above-captioned forms are additional forms for use with previously approved Group Term Life Insurance policy forms TL-004700 et al.

General Notes on Variability

This policy form is designed to provide Group Term Life Insurance that can be issued directly to an employer group or other eligible group. References to “Policyholder”, “Employer” and “Subscriber” may be selected as applicable.

Certain terms, such as Employee, have been bracketed as they may be varied if requested by a Policyholder. For example, an employer may request that his employees be referred to as associates, or an association may request use of a term such as insured member.

The term “an Insured” wherever used may be replaced with “an insured Employee”, “insured Spouse”, or some other appropriate term to identify the insured person affected by the provision in which the term is used.

Language indicating that a provision applies to a specific class, may be added as applicable, and is generally not considered part of the filed provisions.

The forms themselves, as well as the Description of Variability, note when certain provisions within these forms may be included, deleted or modified, as applicable to a particular policy. Text enclosed within hard brackets ([]) indicate material that may be included or deleted as requested by a Policyholder. Variable material is indicated by soft brackets ({ }). Variations may result from negotiations between us and the Policyholder. However, variable material will never be more restrictive than permitted by law.

Specific Notes on Variability

TL-004710-1	ELIGIBILITY FOR INSURANCE
<i>Variable #</i>	<i>Variability Statement</i>
1	One or more of the terms Employee, Spouse, or Dependent Child will be omitted or included.
2	The number of days may vary in range from 30 to 90.
3	Maximum age for spouse eligibility may vary in range from 65 to 95.
TL-009745-1	EXTENDED DEATH BENEFIT WITH WAIVER OF PREMIUM
<i>Variable #</i>	<i>Variability Statement</i>
	We’d like the flexibility of providing the Extended Death Benefit and Waiver of Premium Benefits independent of one another or providing both of the provisions as shown.
1	The maximum age requirement for the Extended Death Benefit may vary in range from 60 to 75.
2	The period of time shown may vary in range from 6 months to 60 months.
3	This text may be omitted or included. It will be omitted if none of the stipulations for reduction are part of the policy. If included, it may be modified to eliminate some of the stipulations for reduction, depending on the policy provisions.
4	The period of time will appear as shown or may be changed to a time period ranging from 3 months to 24 months.

5	Text will be stated in either of the following ways: “under the Employer’s plan” or “paid by the Insurance Company”.
6	Text will appear as shown or may be changed to “local” or “regional”.
7	The period of time will appear as shown or may be changed to a time period ranging from 3 months to 36 months.
8	The term “Insurance Company’s” may be replaced with “Employer’s” or “Policyholder’s”.

ELIGIBILITY FOR INSURANCE

Classes of Eligible Persons

A person may be insured only once under the Basic Life portion of this Policy even though he or she may be eligible under more than one class. A person may also be insured only once under the Voluntary Life portion of the Policy as an {Employee, Spouse, or Dependent Child}#1, even though he or she may be eligible under more than one class.

[If this Policy provides Basic Life Insurance for both {Employees} and Spouses, an {Employee} who is the Spouse of another {Employee} will not, while eligible as an {Employee}, be insured for Basic Life Insurance as a Spouse.]

[An {Employee} who is the Spouse of another {Employee} may not be insured for Voluntary Life Insurance as both an {Employee} and as a Spouse at the same time.]

[Any {Employee} who is eligible for Basic Life Insurance or Voluntary Life Insurance, will not be eligible to be insured as a Dependent Child of another {Employee}.]

[If an {Employee} is eligible and has enrolled as the Spouse of another {Employee}, but ceases to be eligible to maintain the amount of insurance for which he or she has enrolled as a Spouse, that {Employee} may, within {31}#2 days, enroll for coverage as an {Employee}, in an amount equal to the lesser of (1) the amount of Spouse Voluntary Life Insurance terminating, or (2) the maximum amount of {Employee} Voluntary Life Insurance for which the {Employee} is eligible. The Insurability Requirement does not apply. If this amount is not equal to a Voluntary Life Insurance coverage option, it will be adjusted to the next higher available Voluntary Life Insurance coverage option. This provision shall be in lieu of the Policy's provisions, if any, regarding coverage changes following Life Status Changes.]

[If a Spouse is eligible and has enrolled for Voluntary Life Insurance as an {Employee}, but ceases to be eligible to maintain the amount of insurance for which he or she has enrolled as an {Employee}, the Spouse may, within {31}#2 days, instead become enrolled as a Spouse of another {Employee}, in an amount equal to the lesser of (1) the amount of {Employee} Voluntary Life Insurance terminating, or (2) the Maximum Benefit Amount of Spouse Voluntary Life Insurance for which the Spouse is eligible. The Insurability Requirement does not apply. If this amount is not equal to a Voluntary Life Insurance coverage option, it will be adjusted to the next higher available Voluntary Life Insurance coverage option.]

[[A Dependent Child of two or more {Employees} may only be insured once under the Policy.] If an {Employee} who has elected to insure Dependent Children ceases to be eligible to do so, then the {Employee's} Spouse may, within {31}#2 days, elect to insure Dependent Children, provided he or she is insured as an {Employee}. In all cases, "Dependent Child" shall be defined with respect to the {Employee} who has enrolled dependent children.]]

[In all cases, amounts of insurance referred to in these provisions shall be determined before the application of any reductions in benefits due to age.]

[Any amount of Basic or Voluntary Life Insurance Coverage which cannot be continued under the above provisions may be subject to the Conversion Privilege.]

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[{EMPLOYEE}]

{An Employee} in one of the Classes of Eligible {Employees} shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date or the day after he or she completes the Eligibility Waiting Period, if later. The Eligibility Waiting Period will not apply to an {Employee}, in Active Service on the Policy Effective Date, who was covered under the Prior Plan and satisfied the Eligibility Waiting Period, if any, of that plan. Credit will be given for any time that was satisfied.

If a person has previously converted his or her insurance under the Policy, he or she will not become eligible until the converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in the {Employee's} Life Insurance Benefits based on age or a change in class unless those conditions no longer effect the amount of coverage available to the {Employee}.

Except as noted in the Reinstatement Provision, if an {Employee} terminates coverage and later wishes to reapply, [or if a former {Employee} is rehired] a new Eligibility Waiting Period must be satisfied. [{An Employee} is not required to satisfy a new Eligibility Waiting Period, if insurance ends because he or she is no longer in a Class of Eligible {Employees}, but continues to be employed by the {Employer}, and within one year becomes a member of an eligible class.]]

[SPOUSE]

If {an Insured} is eligible to elect Spouse coverage, the Spouse is eligible to be insured on the date the {Employee} is eligible or the date he or she becomes a Spouse of an {Employee}, if later. The eligible {Employee} must be insured for Voluntary Life Insurance in order to elect Spouse coverage.

For the purposes of eligibility, the Spouse must be the lawful Spouse of the {Employee} and not legally separated or divorced from, or widowed by the {Employee}. A Spouse must be under age {70}#3 to be eligible.]

[DEPENDENT CHILD]

If {an Insured} is eligible to elect Dependent Child coverage, the Dependent Child is eligible to be insured on the date the {Insured} is eligible or on the date the child qualifies as a Dependent Child, if later.

In no event will a Dependent Child be eligible to become insured more than once under the Policy.]

[Extended Death Benefit with Waiver of Premium

Extended Death Benefit

If an {Employee} becomes Disabled and is less than age {60}#1, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

1. the date the {Employee} is no longer Disabled; or
2. {12 months}#2 after the end of Active Service.

Amount of Insurance

If an {Employee} dies while he or she is Disabled and coverage is extended under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the {Employee} became Disabled. [However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of {age, retirement, a change in class, or payment of an Accelerated Benefit}#3.] [Automatic increases in Life Insurance Benefits will end while premiums are waived.] The Insurance Company will pay benefits only if due proof of the {Employee's} continuous Disability is received within {one year}#4 of the date of the loss.

“Disability”/“Disabled” means because of Injury or Sickness the {Employee} is unable to perform the material duties of his or her Regular Occupation; [or is receiving disability benefits {under the Employer's plan}#5].

“Regular Occupation” means the occupation the {Employee} routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the {national}#6 economy.]

[Waiver of Premium

If the {Employee} submits satisfactory proof that he or she has been [continuously] Disabled for the Waiver Waiting Period shown in the Schedule of Benefits, coverage will be extended up to the Maximum Benefit Period shown in the Schedule of Benefits.

Such proof must be submitted to the Insurance Company no later than {3 months}#4 after the date the Waiver Waiting Period ends. Premiums will be waived from the date the Insurance Company agrees in writing to waive premiums for that {Employee}.

After premiums have been waived for {12 months}#4, they will be waived for future periods of {12 months}#4, if the {Employee} remains Disabled and submits satisfactory proof that Disability continues. Satisfactory proof must be submitted to the Insurance Company {3 months}#4 before the end of the {12-month}#4 period.

Amount of Insurance

If an {Employee} dies while he or she is Disabled and coverage is continued under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the {Employee} became Disabled. [However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of {age, retirement, a change in class, or payment of an Accelerated Benefit}#3.][Automatic increases in Life Insurance Benefits will end while premiums are waived.] The Insurance Company will pay benefits only if due proof of the {Employee's} continuous Disability is received within {one year}#4 of the date of the loss.

Termination of Waiver

Insurance will end for any {Employee} whose premiums are waived on the earliest of the following dates.

1. The date he or she is no longer Disabled;
2. The date he or she refuses to submit to any physical examination required by the Insurance Company;
- [3. The date he or she refuses to participate in a Rehabilitation Plan for which the Insurance Company determines him or her to be eligible;]
4. The last day of the {12-month}#4 period of Disability during which he or she fails to submit satisfactory proof of continued Disability;
5. The date following the end of the Maximum Benefit Period shown in the Schedule of Benefits.

“Disability/Disabled” means because of Injury or Sickness an {Employee} is unable to perform the material duties of his or her Regular Occupation, [or is receiving disability benefits {under the Employer's plan}#5, during the initial {12 months}#2 of Disability. Thereafter, the {Employee} must be unable to perform the material duties of any occupation which he or she may reasonably become qualified based on education, training or experience [,or is subject to the terms of a Rehabilitation Plan approved by the Insurance Company].]

“Regular Occupation” means the occupation the {Employee} routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the {national}#6 economy.

[Rehabilitation During a Period of Disability]

If the Insurance Company determines that a(n) [Disabled] {Employee} [, who is receiving a disability benefit {paid by the Insurance Company}#5,] is a suitable candidate for rehabilitation, the Insurance Company may require the {Employee} to participate in an assessment and Rehabilitation Plan, not to exceed {18 months}#7, at our expense. The Insurance Company has the sole discretion to approve the {Employee's} participation in a Rehabilitation Plan [and to approve a program as a Rehabilitation Plan]. If an {Employee} fails to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, insurance under the Policy will end.

“Good Cause” means a medical reason preventing participation, in whole or in part, in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to the Insurance Company.

“Rehabilitation Plan” means a written plan designed to enable the {Employee} to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. Rehabilitation, under which the {Insurance Company's}#8 disability plan may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. Work, which may include modified work and work on a Part-time basis.

“Part-time” means regularly working less than the number of full time hours set by the Employer as a regular work day for {Employees} in an Eligible Class of {Employees} in the Policy.]